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EPIDEMIC INFLUENZA.

PREVALENCE IN THE UNITED STATES.

Reports received by the United States Public Health Service show an increase in the number of cases of influenza in many States, but the cases appear to be milder than when the epidemic was at its height.

Telegrams have been sent to State health officers asking for information regarding recrudescence of the disease. Replies received are given under the heading "Current State Summaries," on page 2225. The numbers of cases reported in zones surrounding military camps are shown on page 2230.

The following is a brief summary of the reports received. Unless otherwise stated, the reports are for the week ended December 7, 1918:

Alabama.—Two thousand one hundred and ninety-eight cases and nine deaths were reported, a decided increase in the number of cases.

Alaska.—The epidemic was said to be practically over at all points except Craig, where but few cases of the disease had been reported.

Arkansas.—Two thousand six hundred and twenty-six cases were reported in the State during the week. For the preceding week 1,260 cases were reported.

California.—A sharp increase in the number of cases of influenza reported in San Francisco was noted during the week, with slight increases in other cities.

Delaware.—Scattered cases of influenza were reported throughout the State, "with a few here and there bunched." Delaware City, Smyrna, Bridgeville, and Shelbyville have reported a number of cases. Wilmington has had but few cases in the past three weeks, and these have been of a very mild type.

District of Columbia.—More than 1,200 cases were reported during the first 10 days of December, with 29 deaths.

Indiana.—No improvement was noted in the State, except that the cases were milder.

Iowa.—A marked increase in the number of influenza cases was reported. Twelve thousand one hundred and ninety-four cases were reported in the State during the week.

Kansas.—Nineteen thousand six hundred and seventy-six cases were reported to the State health officer during the week. During the preceding week 15,400 cases were reported.

Kentucky.—A decided recrudescence of the influenza epidemic was reported in Louisville and larger towns of the State. The disease appeared to be of a milder type than the earlier cases and occurred mostly among children of school age. A few rural sections still reported serious conditions.

Louisiana.—A recrudescence of the disease was reported at New Orleans, Shreveport, Lake Charles, Natchitoches, Standard, Zolle, Noble, Convent, and Kilbourne. At Lake Charles the recrudescence began December 1, reaching a height equal to that of the epidemic.

Maine.—Three hundred and ninety-two cases of influenza were reported from seven localities, besides 130 additional cases, which were scattered throughout the State.

Massachusetts.—About 5,500 cases were reported during the week. The disease was mild in character, and but few cases were complicated with pneumonia.

Mississippi.—On December 8 the disease was said to be much reduced in prevalence, but a recrudescence was reported from Hattiesburg.

Nebraska.—The situation was said to be very bad.

New Jersey.—A substantial increase in the number of cases reported occurred in a number of districts in which the epidemic had subsided. The disease is prevalent throughout the State.

New York.—The disease was reported prevalent in western New York, with an outbreak at Brookville, Madison County, where more than 100 cases were reported.

Ohio.—A recrudescence was reported throughout the State, particularly in Cincinnati, Cleveland, Columbus, Akron, Ashtabula, Bucyrus, East Liverpool, Salem, Lakewood, Medina, Franklin, Marion, Niles, and Youngstown. The disease was said to be milder than during the first epidemic.

Oklahoma.—A recrudescence of influenza was reported in Oklahoma. The mortality was said not to be so high as in the previous epidemic.

Oregon.—One thousand eight hundred and thirty cases, with sixty-seven deaths were reported from 18 localities during the week.

Pennsylvania.—A recrudescence of the disease was reported from a number of localities in the State. Conditions were said to be worse than during the original outbreak in Erie, Newcastle, and Johnstown, but the disease appeared to be subsiding.

South Carolina.—A general recrudescence of the disease was reported in the State, being most marked in sections where the epidemic first appeared.

Texas.—Influenza was reported to be on the increase.

Vermont.—A recrudescence of the disease was said to be localized rather than general, and the mortality was lower.

Virginia.—Five hundred and sixty cases of influenza were reported in the State during the week. During the preceding week 200 cases were reported.

Washington.—A sharp increase in the number of cases of influenza was reported.

West Virginia.—A recrudescence of the disease was noted in Charleston, South Charleston, Bluefield, and Clarksburg. Conditions were said to be as bad as ever in Wheeling.

SAFE MILK FOR THE SMALL TOWN.¹

By K. E. MILLER, Passed Assistant Surgeon, United States Public Health Service.

In cities and larger towns no fundamental difficulties are now met with in furnishing bacteriologically clean milk. But, for economic reasons, the advances made in recent years in this field have not been extended to small towns. In such places the amount of milk consumed has been entirely too small to justify the overhead expense necessary for the employment of the usual methods of sanitary control on the part of either the town or the milk producer.²

There are two well-known methods of obtaining a safe milk supply: (1) Sanitary control of the production and distribution of the milk and (2) pasteurization. While ideal conditions demand a combination of both processes, the smaller towns will likely have to rely largely on but one.

As to the former method, nothing short of certified milk will yield a satisfactory degree of safety, and at times even this is the source of a false and dangerous sense of security. The overhead expenses necessary to produce and distribute certified milk are prohibitive for the small town. Not only is the expense beyond all reason for any except large dairies, but the health department would not be able to employ a dairy inspector and secure a bacteriological laboratory, both of which are absolute essentials. It is plain, therefore, that sanitary control of the milk supply can not meet the problems of the small town.

Pasteurization offers more hope. If a dairyman or milk concern handles as much as 300 or 400 quarts of milk per day, pasteurization of that milk will probably not add more than 2 or 3 cents per quart to the cost. The equipment necessary for efficient pasteurization of

¹ Presented before the Southeastern Sanitary Association at Knoxville, Tenn., May 20-22, 1918. Dr. Miller has been able to make the experiment here reported in the course of a study of county health work in Edgecombe County, N. C., where he is serving in the capacity of acting health officer.

² In other words, the amount of milk consumed, not the population, indicates the milk problem of the town. For instance, it is understood that in northern towns milk consumption per capita per day is about 1 pint, whereas in the average town in the south it is very much less than that. A recent careful survey of the milk consumption of Tarboro, N. C., a town with a population of 5,500, was unable to account for more than about 400 quarts per day at the outside. On the basis of consumption for northern towns, it should be about 2,750 quarts, or six times what it actually is.